Under The Paperson Reduction Act at 1995, no persons are required to respond to a collection of into PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL	ENTITY	DR	OTHER THAN SMALL ENTITY		
	FOR	MUMB	NUMBER FILED		MUMBER EXTRA		RATE	FEE]	RATE	FEE	_
	SIC FEE CFR (.16(a))							5	OR			
101 (1)	CFR 1.16(c))		minus 20 =		•		x \$ •		OR	x 5•		
	EPENDENT CLAU CFR 1.16(b))	IMS ·	minus 3 =		•		x \$*		OR	x 5*		_
MU	MULTIPLE DEPENDENT CLAIM PRESENT (27 CFR 1,16(d))						••		OR			_
	" If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		OR.	TOTAL		_
					_							_
CLAIMS AS AMENDED - PART II									OR		R THAN	
		(Column 1)		(Column 2)	(Catumn 3)	1	SMALL	ENTITY	1	SMALL	ENTITY	_
NTA	0/18/04	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ğ	Total CFR 1,56(d)	4	Mious	20	. /		x \$=		O R	x s =.		7
IENDMENT	bidependent (pr cFA t_usps)	. /	Minus	"3	7		x \$	/	OR	x s		_
¥	FIRST PRESENT	TATION OF HULTIPL	e dereko	91 0.AN (37 C	PR 1.16(d)		+5		OR	+; =		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
4	.13.05	(Column 1)		(Calumn 2)	(Column 3)				•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_
NT B		CLAIMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PRÉVIOUSLY PAID FOR	PRESENT EXTRA		RATE .	ADOI- TIONAL FEE		RATE	ADOI: TIONAL FEE	_
AMENDMENT	Total (D) CFR L16(d)	. 4	Minus	· 20	' -		X 5 =		OR	x s=	١٤	
ΞZ	Independent (32 CFR 1,16(1))	1.1	Minus	··· 3	• —		x s=		OR	x \$•		
₹	FIRST PRESENT	TATION OF MULTIPU	E DEPEND	DIT CLAN (37 CF	R 1,16(d)	I	+5	1/	ÓR	+5	1	
					,		ADD'L FEE	W	OR	TOTAL ADD'L FEE	V	
		(Cotumn 1)		(Column 2)	(Cotumn 3)	_						
AMENDMENT C	6/10/05	CLAMS REMAINING AFTER AMENDMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
高	Total (17 CFR 1,167ch	. 4	Minus	" 20 <u> </u>			x s•		OR	x s •		
일[[Independent (37 GPR 1,18(h))		Minus	" 3	•		x 5		OR	x s=		
र्ह	FIRST PRESENTATION OF MATERILE DEPENDENT CLAIM (37 CFR 1,16(d))					ſ	+5==		OR	• 5		
						**	TOTAL	•	OR	FOTAL ADDI FEE	77	7

* If the entry in column 1 is less than the entry to column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (In this SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (In this SPACE is less than 3, enter "3".

This "collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gatheting, preparing, and submitting the completed for the USPTO. There will very depending upon the individual case. Any comment of the user your require to complete this form another suggestions for restaining this burden, should be earn to the Critic Intermation Officer, U.S. Petent and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, call 1-600-PTO-9199 and select option 2.